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APR 1 0 2006

CERTIFICATE OF Applicant(s): Gall Adam	Docket No. SEQ-4031-UT							
Application No. 10/608,296	Filing Date 06/27/2003	Examinar Jehanne Souaya Sitton	Group Art Unit 1634					
Invention: DIAGNOSING PREDISPOSITION TO FAT DEPOSITION AND ASSOCIATED CONDITIONS Following are: Amendment Transmittal Letter (1 pg.); Response to Restriction Requirement and Amendment (6 pgs.); Fax cover (1 pg.); 8 pgs. total								
	•							
I hereby certify that thisAmendment Transmittal and Response to Restriction Requirement  [Identify type of correspondence]  is being facsimile transmitted to the United States Patent and Trademerk Office (Fax. No. (571) 273-8300)								
on April 10, (Date)		•						
Joy Day  (Typed or Printed Name of Person Signing Certificate)								
(Significance)								
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APR 1 0 2006

AMENDMENT TRANSMITTAL LETTER (Small Entity) Applicant(s): Gail Adam et al.						Docket No. SEQ-4031-UT			
Application No. 10/608,296	Filing Date 06/27/2003	Examiner Jehanne Sounyn Sit			Group Art Un 1634	olt Confirmation No. 9001			
Invention: DIAGNOSING PREDISPOSITION TO FAT DEPOSITION AND ASSOCIATED CONDITIONS									
COMMISSIONER FOR PATENTS:  Transmitted herewith is an amendment in the above-identified application.									
Applicant claims small entity status. See 37 CFR 1.27  The fee has been calculated and is transmitted as shown below.									
CLAIMS AS AMENDED									
	CLAIMS REMAINING	HIGHEST # PREV. PAID FOR	NUMBER EXTRA		RATE	ADDITIONAL FEE			
TOTAL CLAIMS	AFTER AMENDMENT  15 -	30 =	0	×	\$25.00	\$0.00			
INDEP. CLAIMS	2 .	5 -	0	×	\$100.00	\$0.00			
<del></del>	<u>.                                    </u>		<u> </u>	\$0.00					
Williams Dopolises.	Multiple Dependent Cleims (check if applicable)  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT  \$0.								
No additional fee is required for amendment.  □ Please charge Deposit Account No. In the amount of □ A check in the amount of to cover the filing fee is enclosed.  □ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-3473 □ Any additional filing fees required under 37 C.F.R. 1.16. □ Any patent application processing fees under 37 C.F.R. 1.17. □ Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  □ Dated: April 10, 2006									
Bruce D. Grant BioTechnology Law Group  Customer No. 47,328  (858) 623-9470  (858) 350-9691  Signature of Person Mailing Correspondence  Joy Day  Typed or Printed Name of Person Mailing Correspondence  Typed or Printed Name of Person Mailing Correspondence									

**2** 003/008

APR 1 0 2006

ATTY. DKT. NO. SEQ-4031-UT

CERTIFICATE OF FACSIMILE TRANSMISSION

Date of Deposit:

April 10, 2006

I hereby certify that this paper is being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450,

Alexandria, VA 22313-1450 on the date indicated above.

(Name)

(Signature)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Gail Adam et al.

Serial No.: 10/608,296

Filing Date: June 27, 2003

Title: DIAGNOSING PREDISPOSITION TO

FAT DEPOSITION AND ASSOCIATED

CONDITIONS

Examiner: Jehanne Souaya Sitton

Group Art Unit: 1634

Conf. No.: 9001

## RESPONSE TO RESTRICTION REQUIREMENT AND AMENDMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir;

This submission is filed in response to a non-final Office action dated March 9, 2006, setting a shortened statutory time for response expiring on April 9, 2006. As April 9, 2006 fell on a Sunday, this submission is timely filed on April 10, 2006. Careful consideration has been given to the grounds for the restriction requirement and the following remarks are offered in response.